

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

I. Account/Transaction Information

Name _____
Account Number _____
Amount of Debit _____
Date of Debit _____
Party Debiting the Account _____

II. Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the party listed above to debit my account.
- I revoked the authorization I had previously given to the party to debit my account before the debit was initiated. Date of notification: _____ (Subject to a fee, see Fee Schedule)
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.
- Stop Payment Request. Must be received at least three (3) banking days before the expected debit date. (May be subject to a fee, see Fee Schedule)

Please specify below:

- one-time or Specific Dates: _____ through _____ only or
- ALL DEBITS from same party.** (for unauthorized and revocations)
- Other (must specify) _____

III. Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING THE WSUD FORM

I. Account/Transaction Information section:

- **Name** – Enter the member's name.
- **Account Number** – Enter the member's account number.
- **Amount of Debit** – Enter the amount of the debit. If more than one debit from the same party/company, enter all amounts.
- **Date of Debit** – Enter the date of the debit(s).
- **Party Debiting the Account** – Enter the party/company debiting the member's account.

II. Statement section:

Check the box that applies to the member's situation.

- **I did not authorize....** – Check this box for unauthorized debits. *If member wants all future debits returned, also select Stop Payment section.* (R10)
- **I revoked the authorization....** – Check this box if the member revoked the authorization before the debit was charged to their account. Requires a date of the cancellation/revocation. Not to be used for POP, single-entry WEB or TEL entries. *If member wants all future debits returned, also select Stop Payment section.* (R07) *(Subject to a fee, see Fee Schedule)*
- **....was debited before the date I authorized.** – Check this box if the account was charged earlier than authorized. (R10)
- **....an amount different than I authorized.** – Check this box if the amount differs from the amount authorized. (R10)
- **My check was improperly processed....** – Check this box if a converted check was processed improperly:
 - For Credit Union Use:**
 - ARC & BOC entries: (R10)
 - Member opted out of check conversion.
 - Required notice not given to member.
 - Source document is improper.
 - Amount not accurately obtained from the source document.
 - POP entries: (R10)
 - Entry not authorized by the member.
 - Source document is improper.
 - RCK entries: (R51)
 - Item (original check) is ineligible.
 - Required notice not provided.
 - Signature(s) on item not authorized.
 - Amount not accurately obtained from item.
 - Item presented for payment. (R53)
 - ARC, BOC & POP entries: (R37)
 - Source document presented for payment.
- **Stop Payment Request.** – Check this box if the member wants to place a one-time stop or wants to stop debits during a specific time frame or wants to stop all further debits from charging their account. All further debits selection to be used in conjunction with unauthorized or revocations. (R08) *(May be subject to a fee, see Fee Schedule)*

III. Signature:

Have the member sign and date the form. For all reasons except Stop Payments, signature must be obtained either on or after the settlement date of the entry.

For Stop Payments only, requests must be made at least 3 banking days before the entry posts. Verbal stop payment requests are valid for 14 calendar days only, if signed authorization not received, the stop will be released.

Time Frames for Returns:

Stop Payments – 24 hours
All others – 60 days

Contact and Delivery Information:

Phone: (808) 983-5500 or 1-800-927-3397

E-mail: memberservices@uhfcu.com

Mailing address: University of Hawai'i FCU; P.O. Box 22070; Honolulu HI 96823-2070

Branch addresses: McCully – 2019 S. King Street; Honolulu HI 96826 and Manoa Campus – off of East-West Road

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7/30/2010